## **WC-CHANGE OF ADDRESS**

## **GEORGIA STATE BOARD OF WORKERS' COMPENSATION**

## **REQUEST FOR CHANGE OF ADDRESS**

Instructions: This form is to be used only to change certain addresses of record. For employees, this form only changes the employee's address in a specifically identified claim. For employers and attorneys, this form only needs to be filed once as this form will change information in every claim. Do not file this form if a party's address is correct, but improperly listed in a claim.

A. EMPLOYEE CHANGE OF ADDRESS										
Board Claim Number Employee Last Na r			me		Employee First Name		Social Security Number		Date of Injury	
Old Phone Number					New Phone Number					
Old Address					New Address					
City	State	•	Zip Code		City		State	Zip Co	ode	
Old E-mail Address					New E-mail Address					
B. ALL OTHER PARTY ADDRESS CHANGES										
□ EMPLOYER Name	FEIN									
Old Phone Number					New Phone Number					
Old Address					New Address					
City	State	)	Zip Code		City		State	Zip Ci	ode	
Old E-mail Address					New E-mail Address					
☐ ATTORNEY ☐ For Employee ☐ Other Name ☐ For Employer					GA Bar number					
Old Phone Number					New Phone Number					
Old Address					New Address					
City	State	•	Zip Code		City		State	Zip Ci	ode	
Old E-mail Address					New E-mail Address					
☐ PARTY AT INTEREST	. Name									
Old Phone Number					New Phone Number					
Old Address					New Address					
City	State	)	Zip Code		City		State	Zip Ci	ode	
Old E-mail Address					New E-mail Address		<b>'</b>	I		
C CERTIFICATE OF SERVICE										
C. CERTIFICATE OF SERVICE  I certify that I have today sent a copy of this form to all of the parties and have sent this form to the State Board of Workers'										
Compensation, 270 Peachtree Street, NW, Atlanta, GA 30303-1299										
Print Name Here			·	Signature				Date		
Dhone Number		E-n	noi!							
Phone Number										

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT http://www.sbwc.georgia.gov WILLFULLY MAKING A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING OR DENYING BENEFITS IS A CRIME SUBJECT TO PENALTIES OF UP TO \$10,000.00 PER VIOLATION (O.C.G.A. §34-9-18 AND §34-9-19).